

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME Sharon B. Majors-Lewis		SSAN OR EMPLOYEE NUMBER	DEPARTMENT Governor's Office
POSITION Judicial Appointments Secretary	CB/ID NUMBER	DIVISION OR BUREAU Judicial Appointments	INDEX NUMBER
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 1350 Front Street	TELEPHONE NUMBER
		STATE San Diego	ZIP CA 92101

MONTH/YEAR Mar-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
3/3-	5 55a	SD-SAC-	134 93		6 90			139 20	A	37.40 40.00		0 00	321.03
3/4-			134 93		10 00		6.00					0.00	150.93
5-Mar	8 20p	SD			10 00		6.00			38.50 40.00		0.00	56.00
3/10-	5 30a	SD-SAC-	134 93		10 00	18 00		139 20	A	38.50 40.00		0.00	342.13
3/11-			134 93		10 00		6.00					0.00	150.93
12-Mar	7 35p	SD			10 00		6.00			38.50 40.00		0.00	56.00
3/17-	5 30a	SD-SAC-	134 93		10 00			170 20	A	10.00		0.00	325.13
3/18-			134 93		10 00		6.00					0.00	150.93
12-Mar	7 35p	SD			10 00		6.00			38.50 40.00		0.00	56.00
3/24-	5 30a	SD-SAC-	134 93		10 00			139 20	A	38.50 40.00		0.00	324.13
3/25-			134 93		10 00	18 00	6.00					0.00	168.93
26-Mar	7 35p	SD					6.00			38.50 40.00		0.00	46.00
SUBTOTALS			1,079.44	0.00	106.90	36.00	48.00	587.80	0.00	290.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												2126 54	\$2,148.14

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Speak to Community group in Sac, meeting w/Senior staff, Jud-Leg-Exec Forum in sac,
interviews, meet w/bar group.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240514

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE

5/12/09

DATE

DATE

5-13-09

DATE